



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2634

<b>SERIAL NUMBER</b> 10/816,900	<b>FILING OR 371(c) DATE</b> 04/05/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 2009.0010006/RWE/RAS
<b>APPLICANTS</b> Eckard Weber, San Diego, CA; Howard I. Katz, La Jolla, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/155,171 05/28/2002 PAT 6,764,678 which is a DIV of 09/852,751 05/11/2001 PAT 6,432,401 which claims benefit of 60/203,800 05/12/2000 and claims benefit of 60/235,855 09/27/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/18/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> Allowance Examiner's Signature	<input type="checkbox"/> Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0
		<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> 26111				
<b>TITLE</b> Local anesthetic methods and kits				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	